CONSUMER COMPLAINT FORM

COMMONWEALTH OF PENNSYLVANIA OFFICE OF ATTORNEY GENERAL

MIKE FISHER Attorney General



RETURN TO:

OFFICE USE ONLY INVESTIGATOR: COMPLAINT #:			YOUR AGE: (STATISTICAL & ENFORCEMENT PURPOSES ONLY)
	Code 2		□18-29 □ 30-44 □45-59 □60 or older
YOUR NAME			
			DURING THE DAY ()
ADDRESS			
			COUNTY
NAME OF DUCINESS COMPLAIN	IT IC ACAINCT		
			NED
			Y
STATE ZIP CODE	COUNTY		PHONE ()
Products or Services Purchased	Purchase Price	Mileage on vehicle v Mileage on vehicle v Vehicle was purchas Indicate type, name	when purchasedwhen you started experiencing problemssed asNewUsedAs-IsLeased & address of warranty company, if any
	•		
What action was taken?			
Have you retained an attorney?	□YES□NO If ye	es, please provide you	ur attorney's name, address, & telephone
number			
Have you filed a court action? □	YES□NO If yes.	, please state WHEN	V
	•	•	

but be sure to tell WHAT happened, WHEN it happened business made to you, ESPECIALLY those that influen	Iditional sheets if necessary. Please write or type clearly. Try to be brief, and WHERE it happened. Be specific about any oral statements the need you to deal with the company. Describe events in the order in which, receipts, canceled checks (front & back), advertisements or any other
WHAT WOULD YOU LIKE THE B	USINESS TO DO TO SETTLE YOUR COMPLAINT?
PLEASE READ CAREFULLY	
	attorney. As a law enforcement agency, the primary function of the Office enforcing laws prohibiting fraudulent or deceptive trade practices.
The information you provide will be used in an complained against.	attempt to resolve your complaint and will be shared with the party
	the Attorney General does provide as a service to consumers the Consumer te individual consumer complaints. Your complaint will remain on file with ed to establish violations of Pennsylvania Law.
I certify that the information provided is true and	d correct to the best of my knowledge, information and belief.
Your Signature	Date